

# CRAIG TRIBAL ASSOCIATION

## APPLICATION FOR EMPLOYMENT



### GENERAL INFORMATION

Available: ☐ F/T ☐ P/T ☐ Temp.

Department \_\_\_\_\_ Division/Section \_\_\_\_\_

Name \_\_\_\_\_ Position Applied For \_\_\_\_\_

Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License No. \_\_\_\_\_ State \_\_\_\_\_ Exp. Date \_\_\_\_\_

(Needed if position you're applying for requires valid Alaska State Driver's License)

What shifts can you work? ☐ Days ☐ Evenings ☐ Weekends

Date Available \_\_\_\_\_

Are you currently working for Craig Tribal Association?

☐ Yes ☐ No

Have you ever worked for Craig Tribal Association?

☐ Yes ☐ No

Do you have any relatives employed by Craig Tribal Association?

☐ Yes ☐ No

*If yes, indicate (name, relationship, department): (There are some limitations on the employment of relatives. Each case is considered separately for potential conflict of interest.)*

Are you able to perform the essential functions associated with the position applied for with or without accommodation? ☐ Yes ☐ No

Have you been convicted of a felony or served time in prison during the last seven (7) years? ☐ Yes ☐ No

**If yes, explain each conviction on an attached sheet and include the date, charge, place and action taken.**

*(Craig Tribal Association is mindful of its obligation to employ qualified public servants and its entitlement under law to consider an applicant's conviction record as it relates to job performance. Craig Tribal Association is prohibited under law from discriminating solely on the basis of convictions.*

**NOTE: A CONVICTION RECORD WILL NOT DISQUALIFY YOU FOR EMPLOYMENT UNLESS SUCH RECORD WOULD REASONABLY AFFECT YOUR FITNESS FOR THE JOB.)**

Are you presently using illegal drugs? ☐ Yes ☐ No

**Please Note: Craig Tribal Association has a Drug and Alcohol Policy which may require drug screening prior to employment.**

Are you a United States citizen or otherwise eligible for legal employment in the United States? ☐ Yes ☐ No

*(If employed, proof of identity, citizenship, or legal right to work in U.S. will be required after hire.)*

Have you ever been disciplined or discharged for any of the following:

1. Failure to give notice when absent tardiness?

☐ Yes ☐ No

2. Insubordination, rudeness or inappropriate behavior towards customers or co-workers?

☐ Yes ☐ No

3. Safety violation of any kind?

☐ Yes ☐ No

4. Fighting, assault or related offenses?

☐ Yes ☐ No

**If yes, explain:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## VETERANS PREFERENCE

Per RCW 41.04.010, certain Veterans are eligible for Veterans preference.

Do you qualify for this preference? ☐ Yes ☐ No

Have you ever obtained employment in this state through the use of Veterans preference? ☐ Yes ☐ No

Do you claim Veterans preference for this examination? ☐ Yes ☐ No

**Please attach proof of eligibility to claim Veterans preference, including dates of military service.**

## EDUCATION

High school graduate or GED test passed? ☐ Yes ☐ No

If no, please check highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12

☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐

College(s)

	1.	2.
Dates:		
Major:		
Degree:		

List any other technical or specialized courses you have completed which you feel are applicable to the job for which you are applying: \_\_\_\_\_

## EMPLOYMENT HISTORY

Please start with your present or last position.

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees supervised \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Reason for Leaving? \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees supervised \_\_\_\_\_

Job Duties: \_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Kind of business \_\_\_\_\_ Employed from \_\_\_\_\_ to \_\_\_\_\_

Title \_\_\_\_\_ Salary \_\_\_\_\_ Supervisor \_\_\_\_\_

No. of employees supervised \_\_\_\_\_

Job Duties: \_\_\_\_\_

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Reason for Leaving? \_\_\_\_\_

May we contact this employer? ☐ Yes ☐ No

\_\_\_\_\_

\_\_\_\_\_

List three persons who are not relatives or former employers, who have knowledge of your character and abilities.

## SUMMARY

[illegible]

I certify that answers given herein are true and complete to the best of my knowledge.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the Craig Tribal Association.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

CRAIG TRIBAL ASSOCIATION DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, SEX, RELIGION, AGE, CREED, MARITAL STATUS, DISABLED VETERAN, VIETNAM-ERA VETERAN, OR DISABILITY IN EMPLOYMENT OR THE PROVISION OF SERVICES.

**Craig Tribal Association is an Equal Opportunity Employer**

## INFORMATION FOR FEDERAL AND STATE REPORTING

It is the policy of Craig Tribal Association to provide equal opportunity in all terms, conditions, and privileges of employment for all qualified applicants and employees without regard to race, color, religion, creed, national origin, sex, age, marital status, disability, disabled veteran or Vietnam-era veteran.

To help us comply with governmental record keeping, reporting, and other legal requirements, please complete the affirmative action data below. Your voluntary cooperation in completing all the sections below is appreciated. The completed form will be filed separately from your application material. Only authorized personnel will have access to this information for legitimate purposes.

1. *What ethnicity do you consider yourself to be?*

- ☐ *Caucasian/White* (not Hispanic origin) – those having origins in any of the original peoples of Europe, North Africa or the Middle East.
- ☐ *Black/African American* (not of Hispanic origin) – those having origins in any of the original groups of Africa.
- ☐ *Hispanic* – those of Cuban, Mexican, Puerto Rican, Central or South American or other Spanish culture or origin regardless of race.
- ☐ *Asian or Pacific Islanders* – those having origins in any of the original peoples of the Far East, South Asia, Indian Subcontinent or the Pacific Islands.
- ☐ *American Indian or Alaskan Native* – those having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

2. *Gender?*    ☐ Male    ☐ Female

3. Are you 40 years of age or older?    ☐ Yes    ☐ No

4. *Military Status (Please check all that apply)?*

- |   |  |
|---|--|
| <input type="checkbox"/> Non Veteran                  | <input type="checkbox"/> Spouse of deceased Veteran            |
| <input type="checkbox"/> Vietnam Era Veteran          | <input type="checkbox"/> Disabled Vietnam Era Veteran          |
| <input type="checkbox"/> Veteran (Other than Vietnam) | <input type="checkbox"/> Disabled Veteran (other than Vietnam) |

Date of Discharge? \_\_\_\_\_

*Disabled Veteran* – Anyone entitled to disability compensation under laws administered by the U.S. Department of Veteran Affairs for disability rated at 30 percent or more, or a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

*Vietnam Era Veteran* – Anyone who served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1961 and May 7, 1975 and was discharged or released from duty with other than a dishonorable discharge.

5. *Disability* (Please check all that apply)?

- |  |   |
|--|---|
| <input type="checkbox"/> Not disabled        | <input type="checkbox"/> Visual               |
| <input type="checkbox"/> Hearing             | <input type="checkbox"/> Mental/Psychological |
| <input type="checkbox"/> Ambulatory/Mobility | <input type="checkbox"/> Multiple Disability  |
| <input type="checkbox"/> Other _____         |   |

For affirmative action purposes, people with disabilities are persons with a permanent, physical, mental or sensory impairment which substantially limits one or more major life activities. Physical, mental or sensory impairment means: (a) any physiological or neurological disorder or condition, cosmetic disfigurement, or anatomical loss affecting one or more of the body systems or function; or (b) any mental or psychological disorders such as mental retardation's, organic brain syndrome, emotional or mental illness or any specific learning disability. The impairment must be material rather than slight, and permanent in that it is seldom fully corrected by medical replacement, therapy or surgical means.

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(Rev. 02/10)

## **CRAIG TRIBAL ASSOCIATION**

### **Authorization to Release Information**

As an applicant for a position with the Craig Tribal Association, I hereby authorize any employers or supervisors educational institutions, personal references and/or other persons to release information about my work and educational history for use in determining my qualifications for this position. I understand, agree, and authorize that a copy or facsimile of this form to be as valid as the original.

You may release or verify the following items:

- ☐ Any Information Requested
- ☐ Past Employers
- ☐ Salary History
- ☐ Dates of Employment
- ☐ Positions Held
- ☐ Duties and Responsibilities
- ☐ Performance Level
- ☐ Reasons for Leaving
- ☐ Eligibility for Rehire

#### **Educational Institutions:**

- ☐ Years of Attendance
- ☐ Degree(s) Attained
- ☐ Grade Point Average
- ☐ Transcript

Signature \_\_\_\_\_ Date \_\_\_\_\_

Name (Printed):

Social Security #: \_\_\_\_\_ Release Exp. Date \_\_\_\_\_